The Drive Care Homes Limited

The Drive

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 24 October 2017 and was unannounced. The Drive is a 'care home'. People in care homes receive accommodation and nursing, or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Drive accommodates up to 12 people with learning and physical disabilities in one adapted building. At the time of our inspection there were 11 people living at the home.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last comprehensive inspection of the service in September 2016 we found a breach of regulations because medicines were not safely managed. We also found improvement was required to ensure the service complied fully with the requirements of the Mental Capacity Act 2005 (MCA), and the provider's quality assurance systems were not consistently effective in identifying issues or driving improvements.

Following the inspection the provider wrote to us to tell us the action they had taken to address the issues we had identified in respect of medicines management. We conducted a focused inspection of the service in February 2017 to check that they had followed their action plan and found that medicines were safely managed at the service, and they were meeting legal requirements.

At this inspection we found the registered manager and provider had made improvements to the service's quality assurance systems, and action had been taken to address any issues identified through the checks and audits conducted by staff. Improvements had also been made to ensure staff followed the requirements of the MCA where people lacked capacity to make decisions for themselves.

Risks to people had been assessed and plans put in place to manage identified risks safely. Staff were aware of people's risk assessments and the action to take to support them in safely. There were sufficient staff deployed at the service to meet people's needs and the provider followed safe recruitment practices when employing new staff.

Medicines were stored securely, and administered and recorded appropriately. People were protected from the risk of abuse because staff were aware of the types of abuse and knew the action to take if they suspected abuse had occurred. The provider had also sought to ensure people were only deprived of their liberty in line with the requirements of the Deprivation of Liberty Safeguards (DoLS), where this was in their best interests.

Staff received an induction when they started work at the service and were supported in their roles through regular supervision and training. People were supported to maintain a balanced diet and to access a range

of healthcare services when needed. Staff treated people with dignity and respected their privacy. People told us that staff treated them kindly and we observed caring interactions between staff and the people living at the service.

People were involved in decisions about their care and treatment. They had support plans in place which had been developed based on an assessment of their individual needs and which reflected their preferences. Where appropriate, relatives told us they had been consulted in the development of people's support plans. People were also supported to take part in a range of activities in support of their interests.

The provider had a complaints policy and procedure in place which gave guidance to people on how to raise concerns. People and relatives knew how to make a complaint and expressed confidence that any issues they raised would be addressed.

People spoke positively about the registered manager and the management of the service and relatives told us they thought there had been improvements at the service since the registered manager had taken on the management of the home. Staff told us the registered manager was supportive and available to them when needed.

People and relatives were able to share their views about the service through an annual survey and during regular residents meetings, as well as through informal discussions with the management team. We saw examples where the provider and registered manager had taken action in response to feedback in order to drive service improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were stored, administered and recorded safely and appropriately.

Risks to people had been assessed and action was taken to ensure identified risks were managed safely.

There were sufficient staff deployed to meet people's needs. The provider followed safe recruitment practices when employing new staff.

People were protected from the risk of abuse because staff were aware of the types of abuse that could occur and the action to take if they suspected abuse.

Is the service effective?

Good

The service was effective.

Staff were aware of the importance of seeking consent from people when offering them support. The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received an induction when they started work at the service, and were supported in their roles through regular supervision and training.

People were supported to maintain a balanced diet.

People were supported to access a range of healthcare services when needed.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

Staff treated people with dignity and respected their privacy.

People were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People had been involved in developing their support plans which reflected their individual needs and preferences.

People were supported to maintain the relationships that were important to them, and to take part in a range of activities.

The provider had a complaint policy and procedure in place which gave guidance on how to raise concerns. People and relatives expressed confidence that any issues they raised would be addressed.

Is the service well-led?

Good

The service was well-led.

The provider had systems in place to monitor the quality and safety of the service. Action had been taken to address any issues identified through the provider's quality assurance processes.

People and relatives told us the service was well managed and spoke positively about the improvements made by the registered manager. Staff told us the management team gave them appropriate support and guidance, and that they worked well as a team.

The provider sought people's views and acted on feedback to make improvements at the service.

The Drive

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 24 October 2017 and was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service which included any statutory notifications the provider had sent to the Commission. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR) which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted a local authority responsible for commissioning the service to obtain their views. We used this information to help inform our inspection planning.

During this inspection we spent time observing the way in which staff supported people. We spoke with three people, three relatives and a visiting healthcare professional to gather their views about the service. We also spoke with the provider, registered manager, the provider's head of care and three staff.

We reviewed records, including three people's support plans, four staff recruitment records, staff training and supervision records, and other records relating to the management of the service including Medicine Administration Records (MARs), audits and the provider's policies and procedures.

Good

Is the service safe?

Our findings

Medicines were managed safely. People's medicine administration records (MARs) included a copy of their photograph and details of any know medicines allergies to reduce the risks associated with medicines administration. Medicines records also included guidance for staff on how and when to support people with medicines that had been prescribed to be taken 'as required'.

People's MARs showed that people had received their medicines as prescribed and people we spoke with confirmed this. One person said, "The staff make sure I take my tablets." Another person told us, "I'm getting my medicines on time; there haven't been any problems." We observed one staff member administering medicines during our inspection and noted that they supported people appropriately, giving people sufficient time and encouragement, and following any guidance provided by the prescribing healthcare professional.

Medicines were stored securely in a temperature controlled environment, which was monitored on a daily basis, to ensure it remained within a safe range for the storage of medicines. Medicines were only accessible to named staff who had received relevant training and assessment to ensure they were competent in medicines administration. The provider had systems in place for receiving new medicines and for disposing of unwanted medicines at the end of a cycle.

There were sufficient staff deployed at the service to meet people's needs. One person told us, "There are enough staff here; I get support when I need it." A visiting relative commented, "There always appear to be enough staff here when I visit." Another person said, "There are always staff around to help me when needed; I can't get dressed without them." However they also told us that they did not think staff cover could always be arranged if staff called in sick at short notice. We followed this up with the registered manager who confirmed that bank or agency staff were brought in when cover was needed at short notice, and that there had been no shifts recently where staff cover had not been arranged if needed. Records we reviewed confirmed this.

Staff confirmed that they considered staffing levels to be sufficient to meet people's needs. One staff member said, "There are enough of us on duty to look after the people here. I can support the residents without rushing." The registered manager confirmed that staffing levels were determined based on an assessment of people's needs. Records showed that the actual staffing levels were reflective of planned levels. We saw one to one support was in place where people had been assessed as needing additional monitoring in their best interests for their safety.

The provider followed safe recruitment practices. Staff files contained evidence of checks having been made on staff before they started work at the service. These included criminal record checks, references, as well as checks on each staff member's identification, full employment history and right to work in the UK where this was applicable.

Risks to people had been assessed and plans put in place to manage identified risks safely. Records showed

that risk assessments had been conducted by staff in a range of areas including falls, behaviour that may require a response, risks associated with preparing food and drink, eating and drinking, and potential risks to people whilst out in the community. The risk assessments we reviewed included guidance for staff on how areas of risk should be managed safely. For example, we saw appropriate guidance in place for staff to follow when one person took a bath, due to their condition of epilepsy.

Risk assessments had been reviewed following any incidents to ensure they remained accurate and reflective of the support people required in order to be safe. Records showed that action had been taken where the reviews of accidents identified possible options to reduce the risk of recurrence. For example, where one person had suffered a recent minor injury falling out of bed, we saw appropriate equipment had been put in place in order to reduce the risk of further similar falls.

Staff we spoke with were aware of the areas in which people were at risk and knew the action to take to manage them safely. For example, one staff member was aware of how one person's meals should be prepared, in line with guidance from a healthcare professional, in order to reduce the risk of them choking. Another staff member knew the support another person required to reduce the risk of them falling and we observed staff supporting this person accordingly, during our inspection.

The service had procedures in place to deal with emergencies. People had personal emergency evacuation plans in place which gave guidance to staff and the emergency services on the support they required to evacuate from the service in the event of an emergency. Staff were aware of the action to take in the event of a medical emergency or fire and records showed fire drills had been carried out with staff periodically. Records also showed regular checks had been made on the fire alarm system and emergency equipment at the service to ensure it remained fit for use.

People were protected from the risk of abuse. Staff had received training in safeguarding adults. They were aware of the types of abuse that could occur and the action to take if they suspected abuse. One staff member told us, "If I had any concerns, I'd report them to the shift leader of manager. We're all here to take care of the residents and I would take whatever action I needed to keep them safe. This would include contacting social services or CQC if I thought it necessary, although I'm confident that the manager would take the right action." The registered manager was the safeguarding lead for the service and knew the correct procedures for reporting any allegations of abuse to the local authority safeguarding team, and to notify CQC as required.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our previous comprehensive inspection in September 2016 we found that improvement was required to ensure that mental capacity assessments were reviewed periodically, in line with the MCA. At this inspection we found that the registered manager had taken action to address this issue. Records showed that where people lacked capacity to make decisions for themselves, mental capacity assessments had been conducted, and best interests decisions made in line with the requirements of the MCA. For example, one person's care file included a mental capacity assessment around the decision to administer their medicines covertly. We saw the decision to do so had been made in their best interests, involving staff, the person's GP and their relatives. We also noted that mental capacity assessments had been reviewed periodically to ensure there had been no changes in people's capacity, in line with the requirements of the MCA.

Staff we spoke were also aware that people at the service had capacity to make many decisions for themselves and told us they always sought people's consent when offering them support. One staff member told us, "We can't force people to do things they don't want to." Another staff member explained the signs they looked for when offering one person who did not communicate verbally, which would indicate their agreement to the support being offered.

The registered manager was aware of the conditions under which a person would be considered to be deprived of their liberty and was aware of the process to follow in making applications under DoLS. Records showed that they had submitted applications where required to deprive people of their liberty under DoLS, some of which had been authorised, whilst others were still be assessed by the relevant local authorities. We reviewed a sample of the current DoLS authorisations in place and noted that any conditions made had been met. For example, one local authority required that the service submit quarterly monitoring forms to them and records showed the registered manager had submitted the forms as required.

People and relatives told us they thought that staff had received appropriate training to help support them. One person said, "The staff are competent and know how to support me." A relative told us, "The staff seem to know what they're doing; we're happy with the support [their loved one] receives."

Staff confirmed they received an induction when starting work at the service which included time reviewing the provider's policies and procedures, a period of orientation, shadowing more experienced staff and completing training in a range of areas considered mandatory by the provider. Training areas included health and safety, first aid, moving and handling, food hygiene and safeguarding, and was refreshed periodically to ensure staff remained up to date with best practice.

We observed staff to be supporting people competently during our inspection. One staff member told us, "The training here has been really good. We've also been doing training sessions around the specific needs of the residents. For example, I've recently completed diabetes training and a course on autism." They explained that this gave them increased confidence that they were supporting people effectively.

Staff were supported in their roles through supervision. Records showed that staff met on a one to one basis with their line manager on a regular basis. Annual performance appraisals had also been scheduled for the end of the year. Staff told us they felt well supported in their roles through the supervision process. One staff member said, "I meet with my line manager every month. I find supervision helpful as I can discuss any issues I might have or seek feedback if I'm not sure about something. It enables me to better understand what's expected of me."

People were supported to maintain a balanced diet. Staff explained that they sought people's feedback in determining the menu at the service. This was confirmed by people we spoke with although one person told us they felt their preferences were never catered for. However, the minutes from a recent residents meeting showed that their feedback regarding meal choices had been sought and we saw their expressed preferences had been catered for on the menu for the current week. Another person told us, "I enjoy the meals on offer here. They're healthy and we get plenty of vegetables."

Staff were aware of people's dietary needs and we saw meals were prepared accordingly in line with guidance from healthcare professionals where applicable. Records also showed that people's weights were monitored on a regular basis, and we noted that an appointment had been made with one person's GP in order to follow up on some unexpected weight loss over recent months, to ensure their nutritional intake was sufficient. We observed part of the evening meal at the service and noted that staff were on hand to support people to eat where required, and that the support they provided was attentive and not rushed.

People were supported to access healthcare services when required. Records confirmed that staff supported people to access a range of services in support of their health, including a GP, optician, chiropodist and community nursing team. People's care records included relevant information which accompanied them on appointments to ensure any healthcare professionals treating them where aware of their medical conditions and the best methods for communicating with them.

Staff confirmed they supported people to make and attend appointments when they needed to and this was confirmed by people and relatives we spoke with. One person said, "The staff will always help me if I have a hospital appointment or need to see the GP." A relative told us, "They make sure [their loved one] sees the GP regularly." We spoke with a visiting clinical psychologist who told us, "The registered manager has been proactive in providing with information relevant to [the person they were visiting] in order to help me form a view on their needs."

Good

Is the service caring?

Our findings

People and relatives told us staff treated them with kindness and consideration. One person said, "The staff are friendly and care." Another person spoke positively about their relationship with staff, telling us they got on well with them and felt able to talk to them if they had any concerns. A relative commented, "The staff are very kind; they're good people." Another relative said, "The staff appear kind and compassionate in the way in which they deal with the residents."

We observed staff interacted with people in a considerate manner, staff took an interest in their well-being and sharing jokes with them. Where people displayed signs of uncertainty or anxiety staff moved to reassure then, and we noted that their actions were effective. The atmosphere at the service during the inspection was relaxed and friendly.

Staff we spoke with knew the people they supported well. They were aware of their preferences in their daily routines and activities, as well as their family backgrounds and the things that were important to them. They explained that this knowledge was helpful when engaging with people at the service in promotion of their well-being. Our observations confirmed this; for example staff were aware to offer support to one person in contacting a family member without needing to be prompted, which received a positive response from that person.

The registered manager confirmed that the service was committed to supporting people's needs with regard to their race, religion, sexual orientation, disability and gender. Staff were aware of who required support to practice their faith and supported them accordingly. For example, one person was supported to attend church services when they wished to go.

Staff were aware of the actions to take to ensure people's privacy and dignity were respected. One staff member told us, "I would always make sure we had privacy if I was giving personal care to someone by closing the door and drawing the curtains. I also make sure to knock before entering anyone's room." Staff were also aware of the importance of ensuring information about the people they supported remained confidential and knew not discuss people's support needs in communal areas.

People confirmed their privacy was respected. One person said, "The staff respect my privacy and try and try to stop the other residents going into my room." Another person told us, "They [staff] always knock on the door before coming into my room." We observed staff working in a way which promoted people's dignity. For example, staff discreetly helped someone out of a communal area and back to their bedroom when they needed support with their personal care.

People were involved in decisions about their day to day support. One person told us, "The staff respect my wishes; I direct my care and they do what I ask. If I didn't want to go out on a day I had activities planned, they wouldn't make me, or if I wanted to have a lie in, I would be able to." Staff explained that they sought to offer people choices wherever possible to involve them in their support. For example, one staff member described how they offered one person who was non-verbal a choice of what they wanted to wear on the

morning of our inspection, explaining the signs they looked for that would indicate the person's decision.

Good

Is the service responsive?

Our findings

People received personalised care that met their individual needs. Records showed that staff had developed support plans for people based on an assessment of their needs. The support plans we reviewed covered a wide range of areas, including personal hygiene, medicines, financial support, mobility, eating and drinking, and behavioural support. These identified the help that people needed in each area, and gave guidance to staff on how support should be provided. For example, one person's behavioural support plan included guidance for staff on the potential triggers that may result in a change in their behaviour for staff to be aware of; as well as the steps to take in order to de-escalate any behavioural concerns with minimal intervention.

Staff were aware of the guidance in people's support plans and confirmed they supported people in line with their assessed needs and preferences. They were aware to look out for any changes in people's conditions, and to report this in order that support plans could be reviewed and updated if required. The registered manager also confirmed that care plans were reviewed periodically to ensure they remained up to date and reflective of people's current needs. The support plans we reviewed confirmed this.

People and relatives told us they were involved in the planning of their care. One person said, "I have a keyworker and we meet regularly, to discuss my support and whether I'd like any changes, as well as any goals I'm working towards, or activities I might like to do." A relative told us, "We've been involved in discussions about [their loved one's] care; the staff always let me know what's happening and we can share our views."

People were supported to maintain the relationships that were important to them. One person told us, "My [family member] visits me regularly. I can call them when I want and the staff help me with this" A relative said, "I can visit whenever I want, and have regular contact with [their loved one]." Another relative commented, "I visit regularly. The staff are welcoming and the service feels friendly."

People were supported to take part in a range of activities and to pursue their interests. One person told us, "I'm always busy; I like going out and socialising, or going bowling, or swimming. When I'm at home I like to play games or do puzzles, and I enjoy doing my exercises." A relative said, "[Their loved one] does an awful lot more here than they did when they lived at home with us. There's more social interaction." Another relative told us, "[Their loved one] take part in lots of activities. They go to college, staff take them out on trips, and they go to a disco each week."

On the day of our inspection we saw staff supporting people to attend a local college and to go shopping. One person, who remained at the service during the day, was supported to take part in an exercise session, whilst other people spent time listening to music, drawing and watching television. Most people we spoke with were happy with the support they received around activities, however, one person told us they felt the activities available within the service were limited and that they didn't always feel they had enough to do. We raised this issue with the registered manager who told us they would speak with the person to discuss options for activities they wished to take part in.

People and relatives told us they knew how to make a complaint and expressed confidence that any issues they raised would be addressed. One person said, "If I had a problem, I'd talk to the staff and they'd sort it out." Another person said, "[The manager] would deal with any issues I had, if needed." A relative told us that they had raised an issue with the registered manager earlier in the year which had been dealt with promptly and to their satisfaction. The provider had a complaints policy and procedure in place which provided guidance for people and relatives on what they could expect if they raised a complaint, including the timescale in which they could expect a response, and guidance on how to escalate their complaint if they remained unhappy with the outcome. The registered manager and provider confirmed that they had received no formal complaints in the time since our last inspection.

Good

Is the service well-led?

Our findings

At our previous comprehensive inspection in September 2016, we found that improvement was required because the provider's systems for monitoring the quality and safety of the service were not always effective in identifying issues in order to drive improvements. At this inspection we found the provider had made improvements to the service's quality assurance systems and that action had been taken to address any identified issues.

Staff conducted checks and audits in a range of areas, including people's support plans, medicines, finances, health and safety checks on equipment and the environment, and monitoring of staff training requirements, and Deprivation of Liberty Safeguards (DoLS) authorisations. Records showed action had been taken where issues had been identified. For example, one person's support plan had been updated in response to audit findings to ensure it reflected their current support needs.

People confirmed that they attended regular residents meetings where they could share their views about the running of the service. Records showed areas discussed at a recent meeting had included activities, the menu, people's views on the support they received, and maintenance issues. We saw people's feedback had been acted on. For example, one person had raised an issue regarding a problem with the television aerial in their bedroom and we noted that a maintenance person attended the service during our inspection in order to look at it.

People also told us, that the provider had acted to make improvements when requested. For example, one person told us that they had asked for amendments to their bedroom which had been made for them, and they were happy about the changes made. The provider also maintained a feedback log which people or relatives could use if they wished to identify any areas for improvement. Whilst this log had not been used extensively, we noted that the provider had acted in response to the suggestions received. For example, one relative had suggested installing some outdoor equipment in the garden for people to use and we saw that this had been purchased and was now in place.

The provider had also sought feedback from people and relatives through use of an annual survey, although responses had been limited. We noted that most of the responses indicated a high level of satisfaction regarding all aspects of the service, although one relative had raised some issues regarding communication. We spoke to the registered manager about this and they told us, they had taken action to address this issue, although we were unable to confirm this with the relative during our inspection. However, we also spoke with another relative who told us, "I think the staff have been more engaged with us, than under the previous manager."

There was a registered manager in post at the time of our inspection. They had completed their registration in July 2017 and demonstrated an understanding of the requirements of the role, and their responsibilities with regards to the Health and Social Care Act 2008. People and relatives spoke positively about the registered manager and the management of the service. One person said, "The registered manager is very good and sort out the things that I find hard to do on my own, like my college attendance. The manager

won't step in unless I ask though, as I like to try things for myself, but the support is there when I need it." A relative told us, "I can speak to the manager when I need to, and feel the home is running better than now than it has in the past. The staff appear to work well as a team and there's a good focus on kind compassionate support for the residents."

Staff told us that the registered manager was a visible presence at the service, and gave them support and guidance to ensure they were aware of their responsibilities. One staff member said, "[The registered manager] is always available; she has an open door policy and will try and address any issues we raise." Another person said, "[The registered manager] leads by example. We work well here as a team and the management team have been fantastic in establishing clear guidelines and expectations."

The registered manager told us, and records confirmed that information was shared with staff through the use of communication book, during shift handovers and at regular staff meetings. The minutes of a recent staff meeting showed areas discussed had included service developments, staff training, and updates on the people using the service and any upcoming appointments they were due to attend. We also saw information about people's needs was shared effectively through the communication log. For example, we saw a record in the log informing staff of a change to one person's risk assessment which they were to review. Staff we spoke with were aware of the update and had signed the risk assessment to confirm they had reviewed and understood the changes.